

Refer via:	Fax: 1800 316 766	Email: referrals@snc.com.au	Call: 1800 463 873
-------------------	--------------------------	------------------------------------	---------------------------

Patient Details:		
Title:	Surname:	First Name:
DOB:	Phone:	Gender M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>
Email:		
Address:	State:	Post Code:
Emergency Contact:	Phone:	
Allergies:		

Medication Order:														
Medication: ACTEMRA® (tocilizumab)	<table border="1"><tr><td colspan="2">Administration by Sonic Nurse Connect</td></tr><tr><td colspan="2">Dosage in mL:</td></tr><tr><td>Date:</td><td>Time:</td></tr><tr><td colspan="2">Nurse Name:</td></tr><tr><td colspan="2">Nurse Signature:</td></tr><tr><td colspan="2"> </td></tr></table>		Administration by Sonic Nurse Connect		Dosage in mL:		Date:	Time:	Nurse Name:		Nurse Signature:			
Administration by Sonic Nurse Connect														
Dosage in mL:														
Date:			Time:											
Nurse Name:														
Nurse Signature:														
Route: Intravenous Infusion														
Frequency: 4 weekly doses														
Duration: 1 hour														
Dilution: 0.9% sodium chloride														
Dosage: _____ mg														
Dosage Commencement Date:														
Special Instructions:														
<ul style="list-style-type: none">Medication will be prepared and administered as recommended in the current ACTEMRA® (tocilizumab) Australian Product Information (PI) available at: www.ebs.tga.gov.auIn the case that a patient displays an acute reaction in the presence of a Sonic Nurse Connect nurse, during or after the infusion, the nurse will administer emergency treatment in accordance with the Sonic Nurse Connect anaphylaxis protocol available at: www.snc.com.au														

Prescribing Doctor Confirmation & Details:	
<ul style="list-style-type: none">I request the Sonic Nurse Connect nurse to administer the medication as ordered to this PatientI confirm that the prescribed treatment is not contraindicated for this Patient	
Prescribing Doctor Signature:	
Prescribing Doctor Name:	Date:
Provider No.	Phone:
Address:	
Email:	Fax:

The Sonic Nurse Connect Privacy Policy is available to view at www.snc.com.au or you can request a copy by contacting us on 1800 687 726.